PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2004  /0/6/2229												
CLAIIdS AS FILED - PART I (Column 2) (Column 2)								MALL YPE	EKTITY	20		RTHAN
T	OTAL CLAIMS	<b>•</b>					Γ	RATE	FEE	٦	RATE	FEE
F(	DR .		NUMBER FILED		NUMBER EXTRA			BASIC FE	₹ 395.00	OR	BASIC FEE	<del> </del>
TC	TAL CHARGE	ABLE CLAIMS	minus 20=					X\$ 25:		OR	X501=	
INI	DEPENDENT C	LAIMS	minus 3 =		*			X km <sup>=</sup>		OR	×200=	
MC	JETIPLE DEFEI	NDENT CLAIM F	PRESENT					+150=		OR	+300=	-
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II							-	•	<del></del>		OTHER	THAN
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SHALL	ENTITY
MENDIMENTA	12/13/04	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	. 55	Minus	- 5	0	5		X.25'=		OR	X\$50=	258
AME	Independent	+ 4	Minus	2000	/	=		X140 :		OR	X200=	,
	FIRST PROSENTATION OF MULTIPLE DEPENDENT CL				CLAIM			+150=		OR	+300=	antimore representative de 1º 2
-								TOTAL	<del>                                     </del>	1	TOTAL	Mus
(Column 1) (Column 2) (Column 3)								OOT. FEE	L	Jon	ADDIT. FEE	<i>y</i>
<u> </u>		CLAIMS	1	HIGH	287	1	[-	·····	ADDI-	ſ	<del></del>	ADDI-
AMENDIMENT B		REMAINING AFTER AMENDMENT		PAEVIO PAID F	USLY	PHCSSNT EXTRA		RATE,	TIONAL FEE		RATE	TIONAL FEE
	Total	1	Minus	9:A		=	*	x25 =		OR	XS50=	
ME	Independent	t.	Minus	pen		=	į.	X (00=	Ì	OR	X200=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										1300-	
								+150= TOTAL		OR	+300=	
								OIT, FEE		OR,	DOIT. FEE	j
(Column 1) (Octobro 2) (Column 3)									,	,-	gage and description of the description	
ि ENT		REMAINING  AFTER -  AMENDMENT		PREVIO PAID F	ER USLY	PREȘENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	TIONAL FEE
₩0,7	Total	*	Minus	##		£ .	,	×25=	·	OR	X\$ <b>5</b> 0 =	
AMENDMENT	Independent	*	Minus	. ***		<b>=</b>	-	×100 = -		OR	X200:	

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20."

The "Highest Number Previously Paid For" (Total or Independent) is the highest n'ent er found in the appropriate box in column 1...

FORM PTO-875 (Rev.-10:04)...

Paters and Trademark Office; U.S. DEPARTMENT OF COMMERCE

+150=

TOTAL

OR

OR

+300=

TOTAL

Application or Docket Number